

Name
in
Full

CERTIFICATE OF DEATH

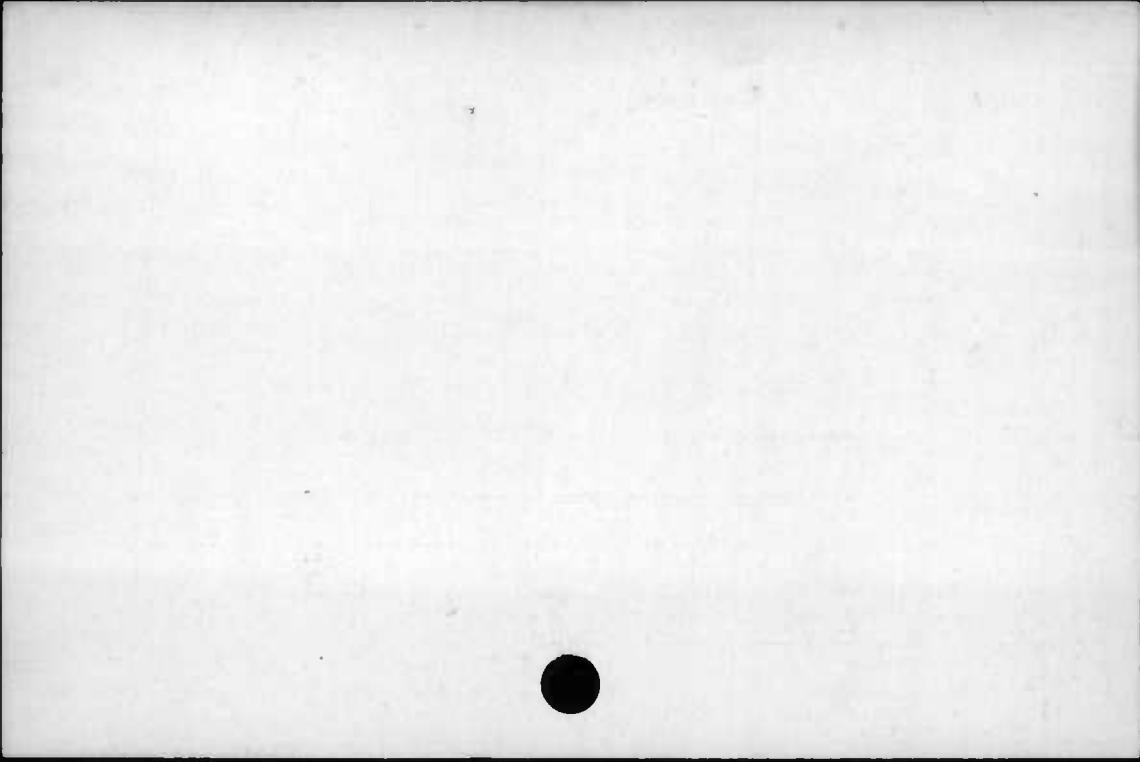
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Messington</i> ^{Town}		<i>Kent</i> ^{County}		MARYLAND	
Date of death	<i>1906</i>	Month <i>6</i>	Day <i>2</i>	Age <i>15</i>	Years <i>15</i> Months <i>15</i> Days <i>15</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birthplace <i>Kent Co</i>			
Occupation			Where Residing If not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>J. Glen Anthony</i>			Father's Birthplace <i>Kent Co</i>		
Mother's Maiden Name <i>Deane Anthony</i>			Mother's Birthplace <i>Kent Co</i>		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Marasmus</i>	How long <i>Six months</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. C. Cunningham</i>
<i>Yes</i>	Address <i>Messington</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Calmar</i>		County <i>Desert</i>		MARYLAND	
Date of death	1906	Month <i>June</i>	Day <i>16</i>	Age <i>10</i>	Years <i>—</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>—</i>	Color or Race <i>Black</i>		Birth- place <i>U. S.</i>				
Occupation <i>—</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Clarence Brown</i>		Father's Birthplace <i>md</i>					
Mother's Maiden Name <i>Rosie Brown</i>		Mother's Birthplace <i>md</i>					
Name of person giving Information <i>Clarence Brown</i>		How related to deceased <i>father.</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Still Born.</i>	How long <i>S</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>L. P. Atwell M.D.</i>
	Address <i>Still Pond md.</i>
Accident or Suicide? .	

Coleman

Name
in
Full

CERTIFICATE OF DEATH

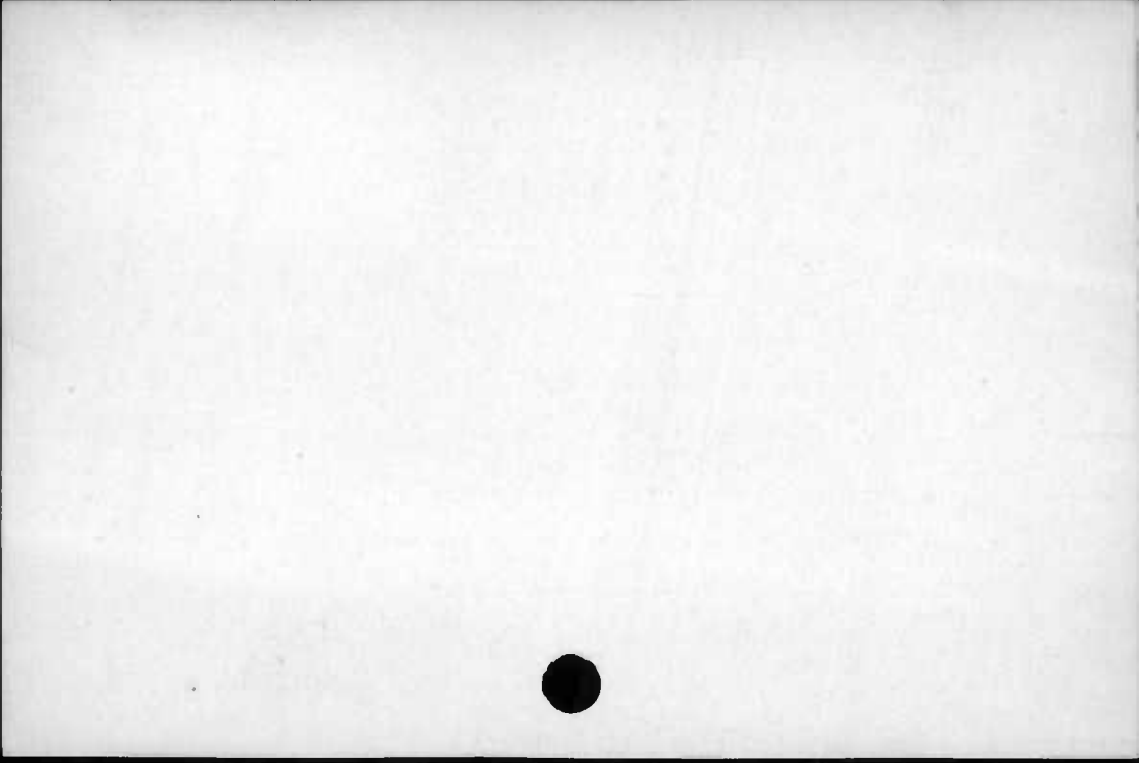
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Sandy Bottom</i>		Town <i>Sandy Bottom</i>		County <i>Kent</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>June</i>	Day <i>26</i>	Age <i>6</i>	Years <i>6</i>	Months <i>5</i>	Days	
Sex		Color or Race <i>Black</i>		Birth-place			
Occupation <i>School</i>		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name <i>J. M. Burton</i>		Father's Birthplace <i>Worcester Co.</i>					
Mother's Maiden Name <i>Lizzie Gordon</i>		Mother's Birthplace <i>Kent Co.</i>					
Name of person giving information <i>Father</i>		How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cholera Morbus</i>	How long <i>12 days</i>
Immediate <i>Peritonitis</i>	How long <i>8 hours</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Wm. M. Smith M.D.</i>
<i>Copied from card</i>	Address <i>Powder Mill</i>
Accident or Suicide?	



Name
in
Full

Sylvester Cole

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Coleman		County Kent		MARYLAND	
Date of death		1906	Month June	Day 15	Age 17	Months 8	Days 10
Sex male		Color or Race Black		Birth- place U.S.			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name Charles Cole				Father's Birthplace Md			
Mother's Maiden Name Allie Brown				Mother's Birthplace Md			
Name of person giving In formation James Waller				How related to deceased step-father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Tuberculosis.	How long	6 months.
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		yes.	
Signature of Physician		W.S. Maywell,	
Address		/ Still Pond, Md,	
Accident or Suicide?			

Coburn

Name
in
Full

Ella Virginia Duer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Coleman</u> <small>Town</small>		<u>Hent</u> <small>County</small>		MARYLAND	
Date of death	<u>1906</u> <small>Month</small>	<u>June</u> <small>Day</small>	<u>18</u> <small>Age</small>	<u>8</u> <small>Months</small>	<u>10</u> <small>Days</small>
Sex	<u>female</u>	Color or Race	<u>white</u>	Birth-place	<u>md</u>
Occupation	<u> </u>		Where Residing if not at place of death <u> </u>		
Married, Single or Widowed	<u> </u>		Name of Wife or Husband <u> </u>		
Father's Name	<u>Joseph Duer</u>			Father's Birthplace	<u>md</u>
Mother's Maiden Name	<u>Ester Sears</u>			Mother's Birthplace	<u>md.</u>
Name of person giving information	<u>Mrs Smith</u>			How related to deceased	<u>friend.</u>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Renitted fever.</u>	How long	<u>4 days,</u>
Immediate	<u>Coma.</u>	How long	<u>4 hours,</u>
Are the name, age, sex, color, date and place correctly given above?	<u>yes,</u>	Signature of Physician	<u>W. S. Maxwell,</u>
		Address	<u>Still Pond, Md.</u>
Accident or Suicide?			

Still Pond.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Chestertown</i> ^{Town}		<i>Kent</i> ^{County}		MARYLAND	
Date of death <i>1906</i> ^{Month} <i>June</i> ^{Day} <i>1st</i> ^{Years} <i>74</i>		<i>2</i> ^{Months}		<i>0</i> ^{Days}	
Sex <i>Male</i>		Color or Race <i>White</i>		Birthplace <i>Queen Anne Co</i>	
Occupation <i>Horticulturist</i>		Where Residing if not at place of death <i>at home</i>			
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband			
Father's Name <i>William Emory</i>		Father's Birthplace <i>Queen Anne Co</i>			
Mother's Maiden Name <i>Mary Redman</i>		Mother's Birthplace <i>Imperial</i>			
Name of person giving information <i>Edw H. Emory</i>		How related to deceased <i>Son</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Stenosis of Aortic Valve</i>	How long	<i>4 or 5 years</i>
Immediate	<i>Failure of compensation</i>	How long	<i>1 week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>		Signature of Physician <i>H. Benge Simmons</i>	
		Address <i>Chestertown Md.</i>	
Accident or Suicide? <i>No</i>			

J. E. H. Lohrster csm.

George Frieby

Town

County

Died at Near Calcutta

Month

Day

Y.

M.

D.

Native of

MARYLAND

Occupation

Date 1906

June 21

Age

80

Maryland

Farm Laborer

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living none

Husband of

Lena Anne Frieby

Father's

Name

Mother's

Maiden Name

Maria Brookins

Cause of

Primary

Chronic Diarrhoea

How long sick

about 10 days

Death

Immediate

Coma

Accident, Suicide, Homicide

Reported by

J. B. Willson

Address

Edenville Kent

Co. Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

James Gould
 Died at *Christman* Town *Kent* County MARYLAND

Date *1906 June 7* 189 *June 7* Month Day Y. M. D. Native of *Ind* Occupation
 Male ~~Female~~ *White* ~~Colored~~ *Married* ~~Single~~ *Widow* ~~Widower~~ *Divorced* Number of children living

Husband of
 Wife

Father's Name *Geo. Gould* Mother's Name *Emma Gould*

Cause of Death { Primary *Meningitis* Immediate *2 days* How long sick
 Accident, Suicide, Homicide

Reported by *H. L. Dods, M.D.*
 Address *Christman Ind*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

J. E. H.

Chester Conn
col

Name
in
Full

Emory. Griffin

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Chesborton</i> ^{Town}		<i>Kent</i> ^{County}		MARYLAND	
Date of death <i>1906</i>	<i>Jan.</i> ^{Month}	<i>23.</i> ^{Day}	<i>7 6.</i> ^{Years}	<i>—</i> ^{Months}	<i>—</i> ^{Days}
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place <i>Kent Co Md</i>		
Occupation <i>Farmer Hand.</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Single.</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>George. Griffin</i>	Father's Birthplace <i>Kent Co Md</i>				
Mother's Maiden Name <i>Margt. Cooper.</i>	Mother's Birthplace <i>Kent Co Md</i>				
Name of person giving information <i>Sam Runkers.</i>	How related to deceased <i>Uncle</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>apoplexy</i>	How long <i>2 days</i>
Immediate <i>Choking</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. H. H. H. H. H.</i>
	Address <i>Kent Co Md</i>
Accident or Suicide?	

J. E. H. ~~Lot~~ Louaker ne di
ern.

Name in Full		Harriett Grooms				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	U or Wn Town		7 Cent County		MARYLAND	
	Date of death	1906	June Month	13 Day	42 Years	Months	Days
	Sex	Female		Color or Race	Col	Birth-place	Md
	Occupation	Housework		Where Residing if not at place of death			
	Married, Single or Widowed	Married		Name of Wife or Husband Wm Grooms			
	Father's Name	Richard Hyneon			Father's Birthplace	Md	
	Mother's Maiden Name	Jos Wsilton			Mother's Birthplace	None	
	Name of person giving information	Jos Wsilton			How related to deceased	None	
<div>CAUSES OF DEATH</div>							
PHYSICIAN OR CORONER	Primary	Chronic nephritis			How long	7 yrs	
	Immediate	Anemia			How long	several weeks	
	Are the name, age, sex, color, date and place correctly given above?			Yes	Signature of Physician No Dr attending		
					Address 119 Dupont St		
	Accident or Suicide?			No	Local Board of Health		

St. Georges, Colored
Cemetery, Hennesville
Kent Co. Md.

John W. Doud
Undertaker

Name
in
FullTO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at <i>near Lynch</i>		Town <i>St. Louis</i>		County <i>St. Louis</i>		State <i>Maryland</i>	
Date of death <i>1906</i>		Month <i>June</i>		Day <i>14</i>		Age <i>—</i>	
Sex <i>—</i>		Color or Race <i>Black</i>		Birth-place <i>U.S.</i>		Months <i>—</i>	
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Ragie H. Blackett</i>		Father's Birthplace <i>md</i>					
Mother's Maiden Name <i>Ethel Smith</i>		Mother's Birthplace <i>md</i>					
Name of person giving information <i>Samuel Blackett</i>		How related to deceased <i>Grandfather</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Prematures.</i>	How long	<i>S.</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>W.S. Maxwell</i>	
		Address <i>St. Louis, Md.</i>	
Accident or Suicide?			



Name in Full		Gloria Harris				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at		Chestertown		Kent		MARYLAND		
	Date of death		1906	June	28	Age	76		
	Sex		Female		Color or Race		Colored		
	Occupation		Cook		Where Residing if not at place of death		Kent Co.		
	Married, Single or Widowed		Widow		Name of Wife or Husband		Late husband S. Harris		
	Father's Name		James Reynolds		Father's Birthplace		Kent Co.		
	Mother's Maiden Name				Mother's Birthplace				
	Name of person giving information		Chas Lindsey		How related to deceased		Son		
CAUSES OF DEATH									
PHYSICIAN OR CORONER	Primary		Age & work				How long		8 years
	Immediate		Intestinal Catarrh				How long		3 months
	Are the name, age, sex, color, date and place correctly given above?		yes				Signature of Physician		H. B. Simmons
							Address		Chestertown Md.
	Accident or Suicide?		no						

J. E. H., Quaker creek.

Name
in
Full

Andrew Holly

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Coleman</u> Town		<u>Stent</u> County		MARYLAND	
Date of death	<u>1906</u>	Month <u>June</u>	Day <u>7</u>	Age <u>1</u>	Years <u>—</u> Months <u>—</u> Days <u>27</u>
Sex <u>male</u>	Color or Race <u>Black</u>		Birth-place <u>U. S.</u>		
Occupation <u>—</u>		Where Residing if not at place of death <u>—</u>			
Married, Single or Widowed <u>—</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>Unknown</u>		Father's Birthplace <u>—</u>			
Mother's Maiden Name <u>Isene Holly</u>		Mother's Birthplace <u>U. S.</u>			
Name of person giving information <u>Isaac Holly</u>		How related to deceased <u>Grandfather</u>			

CAUSES OF DEATH

(75)

PHYSICIAN
OR CORONER

Primary	<u>Ophthalmia neonatorum</u>	How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>yes</u>		<u>L. P. Atwell M.D.</u>	
		Address <u>Still Pond</u>	
		<u>Md.</u>	
Accident or Suicide?			

Coleman

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>John Christian Myers</i>		Town <i>Hainerville</i>		County <i>Kent</i>		MARYLAND	
Died at		Month <i>June</i>		Day <i>10</i>		Years <i>70</i>	
Date of death <i>1906</i>		Month <i>June</i>		Day <i>10</i>		Age <i>70</i>	
Sex <i>male</i>		Color or Race <i>white</i>		Birth- place <i>Germany</i>			
Occupation <i>Merchant</i>		Where Residing If not at place of death <i>—</i>					
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Margaret Myers</i>					
Father's Name <i>unknown</i>		Father's Birthplace <i>Germany</i>					
Mother's Maiden Name <i>unknown</i>		Mother's Birthplace <i>..</i>					
Name of person giving In formation <i>John Myers</i>		How related to deceased <i>Son.</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cardiac Asthma.</i>	How long <i>several years.</i>
Immediate	How long <i>#</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W.S. Maxwell,</i>
	Address <i>Still Pond, Md.</i>
Accident or Suicide?	

Chestertown

8



11

Name
in
Full

George Price

CERTIFICATE OF DEATH

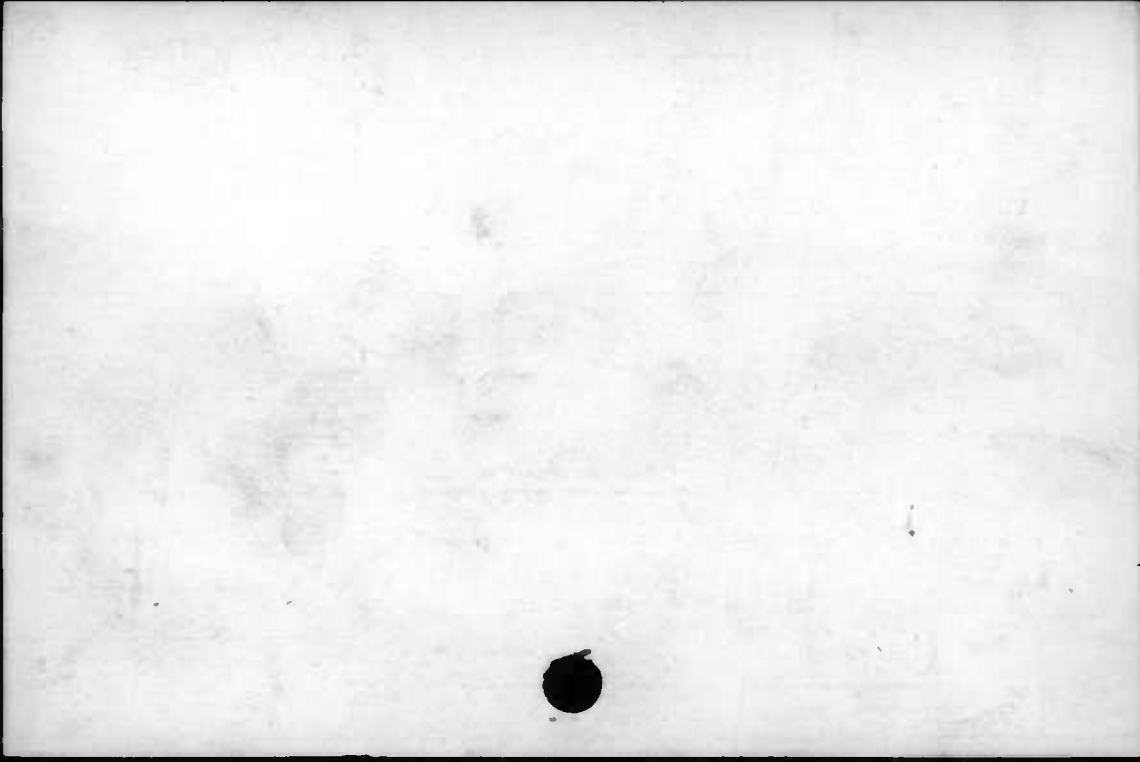
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Rock Hall</i>		Town <i>Rock Hall</i>		County <i>Kent</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>June</i>	Day <i>5</i>	Age <i>48</i>	Years <i>48</i>	Months	Days	
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birthplace <i>Kent Co. Md</i>				
Occupation <i>Laborer</i>			Where Residing if not at place of death				
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Anna M Perkins</i>					
Father's Name <i>William Price</i>				Father's Birthplace <i>Kent Co. Md</i>			
Mother's Maiden Name <i>John - Koron</i>				Mother's Birthplace <i>Kent Co. Md</i>			
Name of person giving information <i>John Price</i>				How related to deceased <i>Son</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Valvular disease of Heart</i>	How long	<i>_____</i>
Immediate		How long	<i>_____</i>
Are the name, age, sex, color, date and place correctly given above? <i>as near as possible</i>		Signature of Physician	<i>Thos B Wilson</i>
		Address	<i>Edesville Kent County Maryland</i>
Accident or Suicide? <i>_____</i>			



Name
in
Full

Medford M. Rosier

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Near Melitola^{County} Kent

Date of death 1906

June

Day

27

Age 52

Months

Days

Sex

Male

Color or Race

White

Birth-place

Occupation

Manager for boat

Where Residing if not at place of death

Married, Single or Widowed

Married

Name of Wife or Husband

Father's Name

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving information

How related to deceased

CAUSES OF DEATH

172

Primary

Drowning

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Yes.

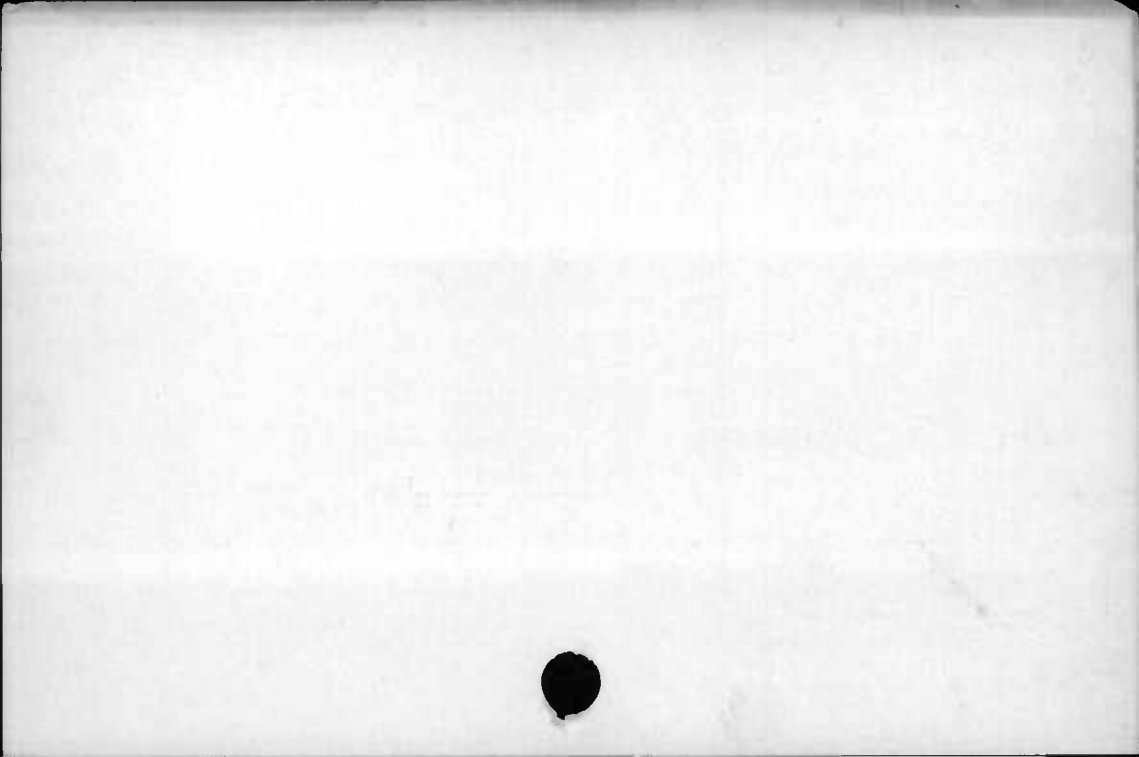
Signature of Physician

Robt. Moffett, Cor.
Chester County
Md.

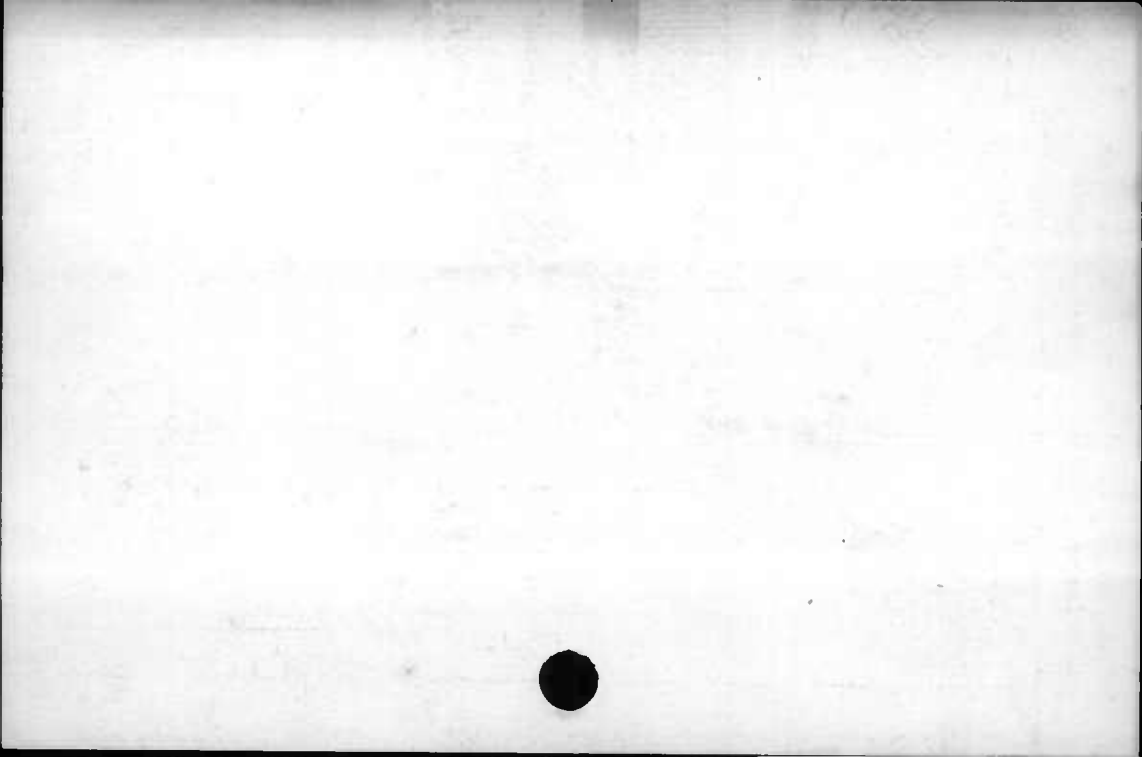
Address

Accident or Suicide?

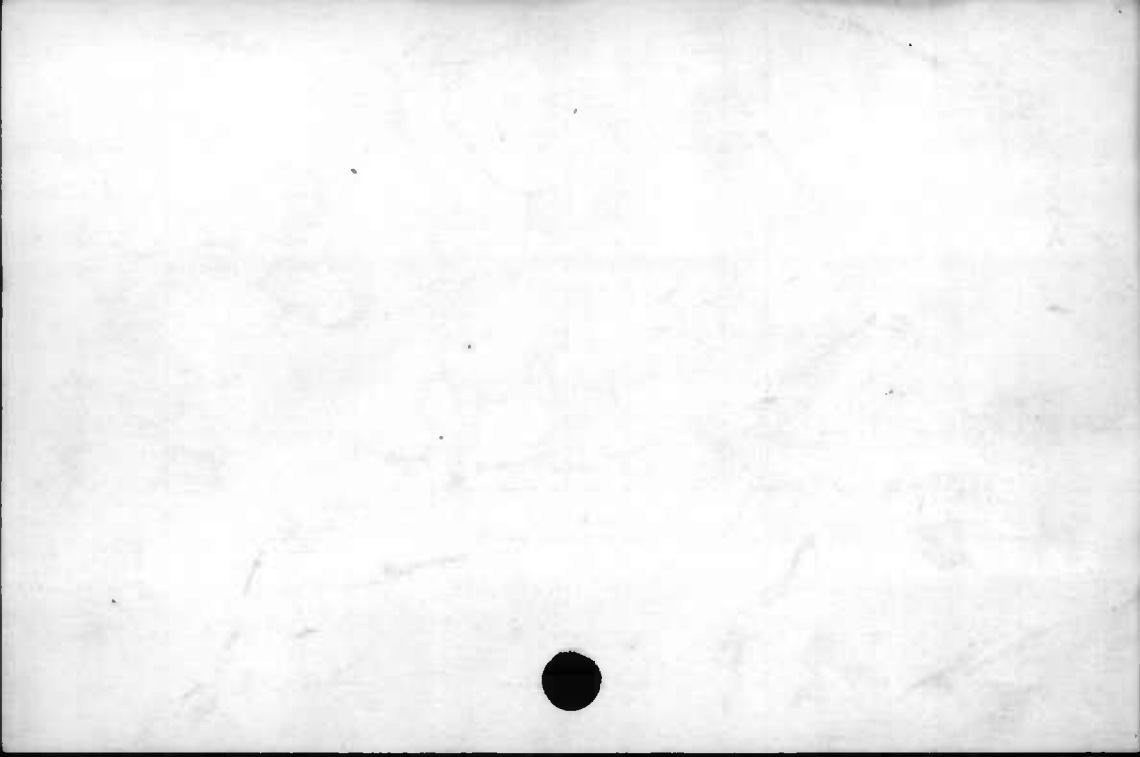
Accident



Name in Full		Jane Smallwood				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at Town <i>Edesville</i>		County <i>Kent</i>		MARYLAND		
		Date of death 1906		Month <i>June</i>	Day <i>19</i>	Age Years <i>23</i>	Months —	Days —
		Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Kent Co Me</i>		
		Occupation <i>House wife</i>		Where Residing If not at place of death				
		Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Anthony Smallwood</i>				
		Father's Name <i>Thomas Jones</i>		Father's Birthplace <i>Maryland</i>				
		Mother's Maiden Name <i>— Not Known —</i>		Mother's Birthplace —				
Name of person giving Information <i>Elizabeth Wicks</i>		How related to deceased <i>Friend</i>						
<div style="text-align: center;">CAUSES OF DEATH</div>								
PHYSICIAN OR CORONER		Primary <i>General Debility</i>		<i>(154)</i>		How long <i>6 months</i>		
		Immediate <i>Exhaustion</i>				How long		
		Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Wm H. Beall M.D.</i>		<i>Rock Hall Md</i>		
				Address				
Accident or Suicide?								



Name in Full		Cora Smith				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Rock Hall		County Kent		MARYLAND	
	Date of death	1906	Month June	Day 30	Age 19	Years —	Months —
	Sex	Female		Color or Race	Columbian		
	Occupation	Housewife		Where Residing if not at place of death			
	Married, Single or Widowed	Married		Name of Wife or Husband	Aaron Smith		
	Father's Name	Adam Bentley			Father's Birthplace	Md	
	Mother's Maiden Name	Louisa Wells			Mother's Birthplace	Md	
Name of person giving information	Aaron Smith			How related to deceased	Husband		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Lightning Stroke				How long	
	Immediate	..				How long	
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician	J. M. McCall M.D.	
					Address	Rock Hall Md	
Accident or Suicide?							



Name
in
Full

Mr Alexandra Wallon.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Chestertown</i>		Town <i>Kenn</i>		County		MARYLAND	
Date of death <i>1906 June</i>	Month	Day <i>12</i>	Age <i>69</i>	Years	Months	Days	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>N.J.</i>				
Occupation <i>None</i>	Where Residing if not at place of death						
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>Mary Redmyers</i>						
Father's Name <i>Amos Wallon</i>	Father's Birthplace <i>N.J.</i>						
Mother's Maiden Name <i>Dr. K.</i>	Mother's Birthplace <i>N.J.</i>						
Name of person giving information <i>Ed - Armstrong</i>	How related to deceased <i>Brother's Husband</i>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Syphilis</i>	How long <i>1 1/2 yrs</i>
Immediate <i>Exhaustion</i>	How long <i>3 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Dr. Thales</i>
	Address <i>Chesapeake</i>
Accident or Suicide?	

J. E. L. Willington

Name
in
Full

James Wm Walls

CERTIFICATE OF DEATH

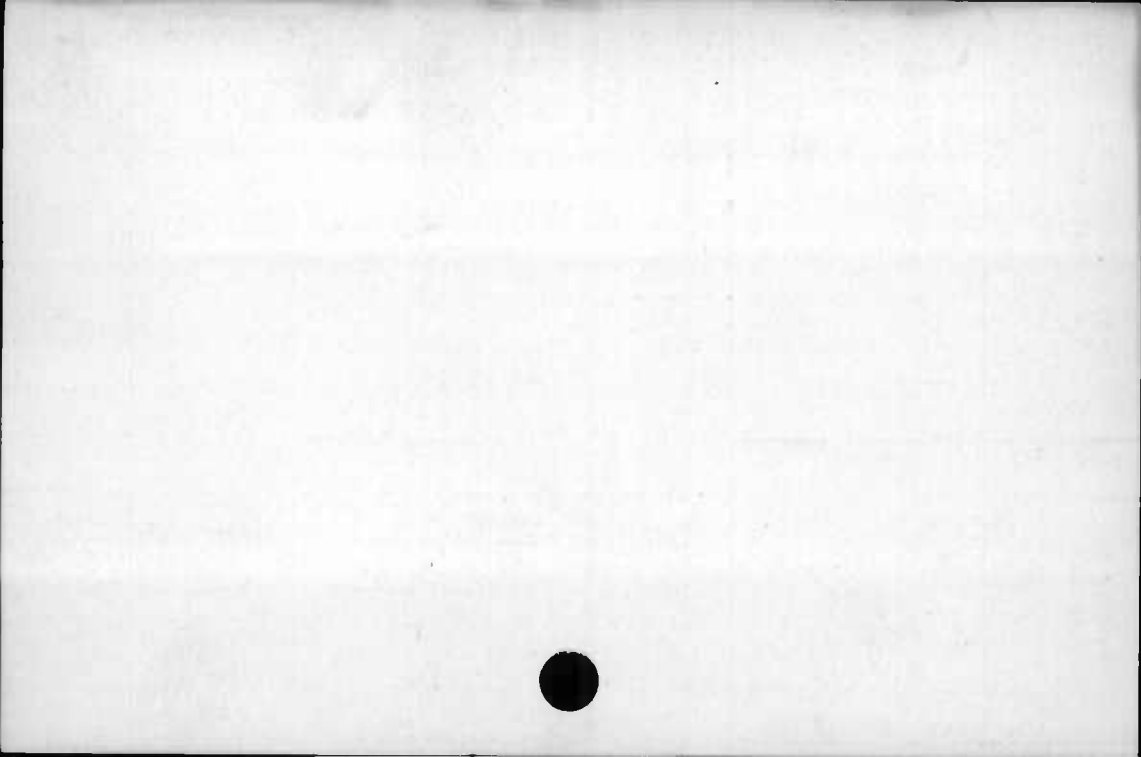
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Galena</i> ^{Town}		<i>1 Cent</i> ^{County}		MARYLAND	
Date of death <i>1906</i>	Month <i>6</i>	Day <i>15</i>	Age <i>66</i> ^{Years}	Months	Days
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Maryland</i>		
Occupation <i>Livery man</i>	Where Residing If not at place of death <i>Galena</i>				
Married, Single & Widowed	Name of Wife or Husband				
Father's Name <i>John Walls</i>	Father's Birthplace <i>Maryland</i>				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving information <i>J. W. Latimer</i>	How related to deceased <i>none</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cancer</i>	How long <i>18 months</i>
Immediate <i>Septicæmia</i>	How long <i>one week</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. W. Latimer</i>
	Address <i>Galena, Ind.</i>
Accident or Suicide?	



Name
in
Full

Eolla Hallis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Winchester		County Kent		State MARYLAND	
Date of death		Month June	Day 27	Years 44	Months -	Days -	
Sex Female		Color or Race White		Birth-place Millington			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name Thomas Hallis		Father's Birthplace Kentucky		Mother's Name Bessie Mabrey		Mother's Birthplace "	
Name of person giving information				How related to deceased			

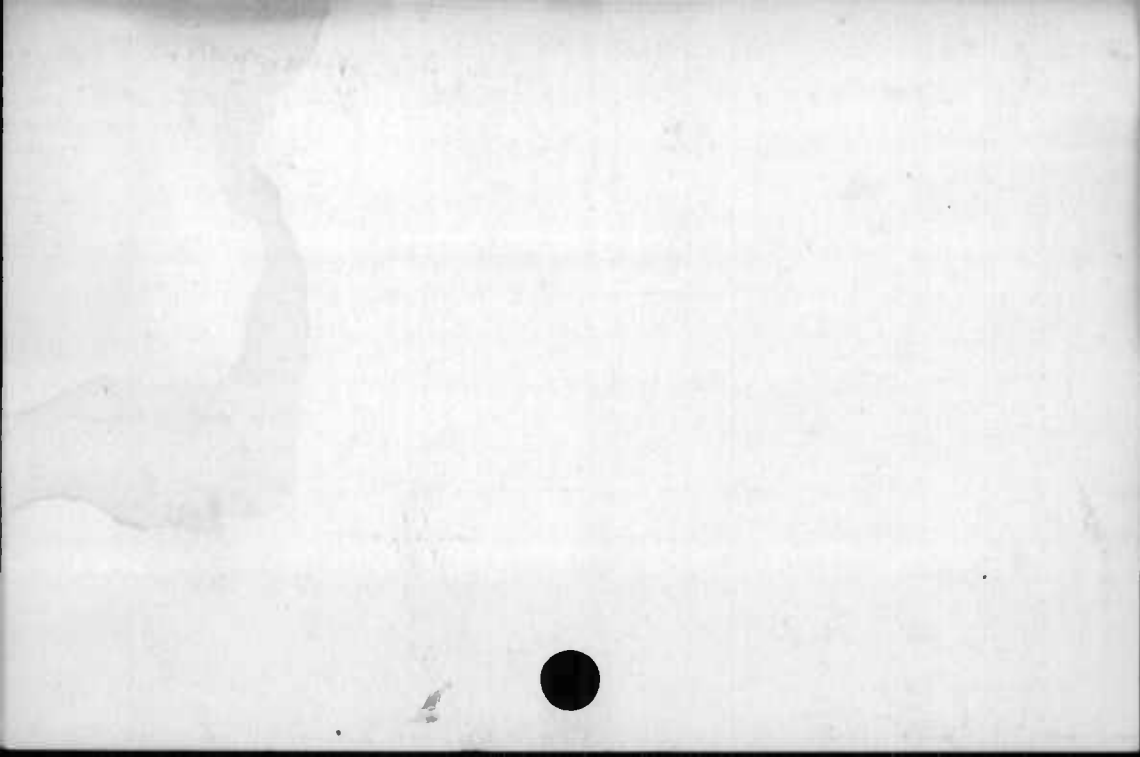
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Permittant Fever	How long	4 to 5 days
Immediate	"	How long	"
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician W. C. Moore	
yes		Address Millington	
Accident or Suicide?			

Blackstone del

Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Coleman</u> <small>Town</small>		<u>Kent</u> <small>County</small>		<u>MARYLAND</u>
	Date of death <u>1906</u>	<u>June</u> <small>Month</small>	<u>27</u> <small>Day</small>	<u>35</u> <small>Years</small>	<u> </u> <small>Months</small>
	<u>Female</u> <small>Sex</small>	<u>Black</u> <small>Color or Race</small>		<u>U.S.</u> <small>Birth-place</small>	<u> </u> <small>Days</small>
	<u>Housewife</u> <small>Occupation</small>		<u> </u> <small>Where Residing If not at place of death</small>		
	<u>married</u> <small>Married, Single or Widowed</small>	<u>James. Wilson</u> <small>Name of Husband</small>			
	<u>Henry Brown</u> <small>Father's Name</small>	<u>ind</u> <small>Father's Birthplace</small>			
	<u>Elizabeth Brown</u> <small>Mother's Maiden Name</small>	<u>ind</u> <small>Mother's Birthplace</small>			
	<u>James Wilson</u> <small>Name of person giving information</small>			<u>Husband</u> <small>How related to deceased</small>	
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary <u>Puerperal fever.</u>		<u>6 days.</u> <small>How long</small>		
	Immediate <u> </u>		<u> </u> <small>How long</small>		
	Are the name, age, sex, color, date and place correctly given above? <u>yes.</u>		Signature of Physician <u>W.S. Maxwell.</u>		
			Address <u>Still Pond, Md.</u>		
	Accident or Suicide? <u> </u>				



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Chester town</i>		Town <i>Kent</i>		County		MARYLAND	
Date of death	<i>1906</i>	Month <i>June</i>	Day <i>7th</i>	Age <i>—</i>	Years	Months <i>1</i>	Days <i>21</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth place <i>Chester town</i>				
Occupation <i>infant</i>	Where Residing if not at place of death <i>At home</i>						
Married, Single or Widowed	Name of Wife or Husband						
Father's Name <i>Wm J H Whiteley</i>	Father's Birthplace <i>Kent Co Md</i>						
Mother's Maiden Name <i>Mary Kirby</i>	Mother's Birthplace <i>Chester town Md</i>						
Name of person giving information <i>Wm J H Whiteley</i>	How related to deceased <i>father</i>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>all life</i>
Immediate " "	How long <i>all life</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H Benge Simmons</i>
	Address <i>Chester town Md</i>
Accident or Suicide? <i>No</i>	

J. E. 14 Chester Conn.